
State:	District of Columbia	Filing Company:	Employers Mutual Casualty Company
TOI/Sub-TOI:	09.0 Inland Marine/09.0000 Inland Marine Sub-TOI Combinations		
Product Name:	Commercial Inland Marine		
Project Name/Number:	/CIM-Clean-up-20		

Filing at a Glance

Company:	Employers Mutual Casualty Company
Product Name:	Commercial Inland Marine
State:	District of Columbia
TOI:	09.0 Inland Marine
Sub-TOI:	09.0000 Inland Marine Sub-TOI Combinations
Filing Type:	Form
Date Submitted:	01/14/2020
SERFF Tr Num:	EMCC-132220641
SERFF Status:	Submitted to State
State Tr Num:	
State Status:	
Co Tr Num:	DC-CIM-2020-01
Effective Date	04/01/2020
Requested (New):	
Effective Date	04/01/2020
Requested (Renewal):	
Author(s):	Patty Johnson
Reviewer(s):	
Disposition Date:	
Disposition Status:	
Effective Date (New):	
Effective Date (Renewal):	

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General Information

Project Name:	Status of Filing in Domicile:
Project Number: CIM-Clean-up-20	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 01/14/2020	
State Status Changed:	Deemer Date:
Created By: Patty Johnson	Submitted By: Patty Johnson
Corresponding Filing Tracking Number:	

Filing Description:

With this filing, we are submitting the following forms.

CM7002 (9-00) Quick Reference

CM7021 (11-01) Loss Payable Endorsement

This endorsement can be used on any inland marine policy to provide Loss Payable coverage.

A final copy of the forms is attached.

We respectfully request your acknowledgement of this filing to be applicable to policies written on or after April 1, 2020. Thank you.

Company and Contact

Filing Contact Information

Patty Johnson, Filings Analyst	Patty.M.Johnson@EMCIns.com
PO Box 712	800-247-2128 [Phone] 2282 [Ext]
Des Moines, IA 50306-0712	515-345-2223 [FAX]

Filing Company Information

Employers Mutual Casualty Company	CoCode: 21415	State of Domicile: Iowa
717 Mulberry Street	Group Code: 62	Company Type: P & C
Des Moines, IA 50309	Group Name: EMC Insurance Companies	State ID Number:
(515) 280-2511 ext. [Phone]	FEIN Number: 42-0234980	

Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	

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Form Schedule

Item No.	Schedule Item Status	Form Name	Form Number	Edition Date	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Quick Reference	CM7002	9-00	OTH	New			CM7002 9-00.pdf
2		Loss Payable Endorsement	CM7021	11-01	END	New			CM7021 11-01.pdf

Form Type Legend:

ABE	Application/Binder/Enrollment	ADV	Advertising
BND	Bond	CER	Certificate
CNR	Canc/NonRen Notice	DEC	Declarations/Schedule
DSC	Disclosure/Notice	END	Endorsement/Amendment/Conditions
ERS	Election/Rejection/Supplemental Applications	OTH	Other

QUICK REFERENCE
COMMERCIAL INLAND MARINE COVERAGE PART

READ YOUR POLICY CAREFULLY

DECLARATIONS PAGE

Named Insured and Mailing Address
 Policy Period
 Description of Business and Location
 Coverages and Limits of Insurance
 Forms Applicable

COVERAGE FORM(S)

A. COVERAGE

1. Covered Property
2. Property Not Covered
3. Covered Causes of Loss
4. Additional Coverage — Collapse
5. Coverage Extensions (If Applicable)

B. EXCLUSIONS

- Governmental Action
- Nuclear Hazard
- War and Military Action
- Water (If Applicable)
- Other Exclusions

C. LIMITS OF INSURANCE

D. DEDUCTIBLE (IF APPLICABLE)

E. ADDITIONAL CONDITIONS

F. DEFINITIONS

ENDORSEMENTS (IF APPLICABLE)

COMMERCIAL INLAND MARINE CONDITIONS

LOSS CONDITIONS

- A. Abandonment
- B. Appraisal
- C. Duties in the Event of Loss
- D. Insurance Under Two or More Coverages
- E. Loss Payment

- F. Other Insurance
- G. Pair, Sets or Parts
- H. Recovered Property
- I. Reinstatement of Limit After Loss
- J. Transfer of Rights of Recovery Against Others to Us

GENERAL CONDITIONS

- A. Concealment, Misrepresentation or Fraud
- B. Control Of Property
- C. Legal Action Against Us

- D. No Benefit to Bailee
- E. Policy Period
- F. Valuation

COMMON POLICY CONDITIONS

- A. Cancellation
- B. Changes
- C. Examination of Your Books and Records

- D. Inspections and Surveys
- E. Premiums
- F. Transfer of Your Rights and Duties Under This Policy

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LOSS PAYABLE ENDORSEMENT

In addition to the policy "terms" contained within the Inland Marine Coverage(s), the following conditions apply to described property as indicated on the "declarations."

DEFINITIONS

1. The words "you" and "your" mean the persons or organizations named as the insured on the "declarations."
2. The words "we," "us," and "our" mean the company providing this coverage.
3. "Declarations" means all pages labeled Declarations, Supplemental Declarations, or Schedules, which pertain to this coverage.
4. "Terms" means all provisions, limitations, exclusions, conditions, and definitions that apply.

LOSS PAYABLE

Any loss shall be adjusted with "you" and shall be payable to "you" and the loss payee described on the "declarations" as "your" and their interests appear.

LENDER'S LOSS PAYABLE

Any loss shall be payable to "you" and the loss payee described on the "declarations" as interests appear. If more than one loss payee is named, they shall be paid in order of precedence.

The insurance for the loss payee continues in effect even when "your" insurance may be void because of

"your" acts, neglect, or failure to comply with the coverage "terms". The insurance for the loss payee does not continue in effect if the loss payee is aware of changes in ownership or substantial increase in risk and does not notify "us."

"We" may request payment of the premium from the loss payee, if "you" fail to pay the premium.

If "we" pay the loss payee for a loss where "your" insurance may be void, the loss payee's right to collect that portion of the debt from "you" then belongs to "us." This does not affect the loss payee's right to collect the remainder of the debt from "you". As an alternative, "we" may pay the loss payee the remaining principal and accrued interest in return for a full assignment of the loss payee's interest and any instruments given as security for the debt. If "we" cancel or choose not to renew this policy, "we" will provide notice to the loss payee using the same "terms" as the cancellation or nonrenewal notice "we" provide to "you".

CONTRACT OF SALE

Any loss shall be adjusted with "you" and shall be payable to "you" and the loss payee described on the "declarations" as "your" and their interests appear.

The loss payee described is a person or organization "you" have entered into a contract with for the sale of covered property.

When covered property is the subject of a contract of sale, the word "you" also means the loss payee.

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Supporting Document Schedules

Bypassed - Item:	Readability Certificate
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Copy of Trust Agreement
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Expedited SERFF Filing Transmittal Form
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Consulting Authorization
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	